

**North West Office**

**GP Specialty Training School**

**GP TRAINER**

**FIRST REVIEW**

*(Please complete and email back in word format )*

**Trainer Name:**

**Practice:**

**Programme:**

**Date:**

***For HEE Use Only***

**Appraiser:**

**Date of Review:**

***Note:*** *Once completed the Trainer Reaccreditation paperwork could be used towards your NHS appraisal and revalidation*

**GMC Framework areas for trainer quality assurance**

1. *Ensuring safe and effective patient care through training*
2. *Establishing and maintaining an environment for learning*
3. *Teaching and facilitating learning*
4. *Enhancing learning through assessment*
5. *Supporting and monitoring educational progress*
6. *Guiding personal and professional development*
7. *Continuing professional development as an educator*

**Recommendations**

(For GP School use only)

|  |
| --- |
| Key Strengths: |
|  |
| Key Development Needs: |
|  |
| Recommendations: |
| Name of Appraiser:  Date: |

**Mandatory Trainer Declarations**

**I declare that I have satisfactorily completed Equality and Diversity Training/update. Please attach a copy or screenshot of your Equality and Diversity certificate.**

Date of Training:

**I confirm that I am not under any on-going investigations or restrictions to practice from the GMC or any other Regulatory or Contracting body and that I will inform the Deputy Dean at HEE immediately of any such investigations/restrictions**

**I can confirm that I am progressing satisfactorily through my appraisal/revalidation cycle**

(*If you have answered NO to any of the above, contact your Associate Dean before the review)*

**I can confirm that the following evidence is included with the submission:**

* Learner Feedback Questionnaire Yes/No
* Learning Environment Review Yes/No
* Recording of Educational Encounter Yes/No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trainer Details**

Name GMC No

Date of Birth Sex

Mobile No:

E-mail Address:

Which Trainers Group do you attend?

Number of Trainers Group meetings attended:

Are there any other Educational roles you undertake (PCME, course tutor, Undergrad tutor etc.)

**Practice Details**

Practice Name (for database):

Practice ID Number (eg Pxxxxx):

Surgery Phone number:

Surgery Address

Practice Manager or Education Manager:

Telephone:

E-mail address:

**GMC Trainer Domains**

1. Ensuring safe and effective patient care through training

2. Establishing and maintaining an environment for learning

**Details of Educators in the practice:**

|  |  |  |
| --- | --- | --- |
| **Educator Status**  (GP, Nurse, Manager, ST4/5) | **Name of Supervisor** | **Status**  (Undergraduate, FY2 or GP Trainer) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**GMC Trainer Domains**

3. Teaching and facilitating learning

5. Supporting and monitoring educational process

**Details of learners you supervised since approval / last review:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner Status**  (FY2, GPST1, GPST2, GPST3, GPST4/5) | **In what capacity**  (Clinical supervisor (CS), Educational supervisor (ES) or both) | **Name of Learner** | **Progress**  Satisfactory/ Referred to Panel |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Indicate the training tracks the practice is offering:**

|  |  |
| --- | --- |
| **LEVEL** | **NUMBER OF PLACES AVAILABLE** |
| **Undergraduate** |  |
| **FY2** |  |
| **GPST1** |  |
| **GPST2** |  |
| **GPST3** |  |

**GMC Trainer Domains**

6. Guiding personal and professional development

7. Continuing professional development as an educator

**Courses/conferences and learning events attended since last review relevant to teaching:**

|  |  |
| --- | --- |
| **Name (**of Course, Conference, Master-class, Workshop etc) | **Dates** |
|  |  |
|  |  |
|  |  |
|  |  |

**Critically reflect on the learning events related to training that you have attended since the last review. Reflect on the impact this learning has had and any outcomes seen**

**GMC Trainer Domains**

3. Teaching and facilitating learning

4. Enhancing learning through assessment

**Reflect how you have met your PDP since last review and any other recommendations:**

**Critically appraise your teaching and supervision since the last review:**

**Consider any changes you have made to the teaching and supervision based on the above reflection:**

**GMC Trainer Domains**

3. Teaching and facilitating learning

4. Enhancing learning through assessment

**Write a critical appraisal on a video of a CBD**

**(You may attach a copy of the encounter records (CBD) not more than 30 minutes in length. It should include the subsequent feedback and any teaching/)**

**Objectives of the CBD:**

**Please fill in the following sheets on the educational content of your session. Use additional sheets if necessary.**

|  |  |
| --- | --- |
| **What went well?** (please annotate with real time)  **What would you have done differently?**  **Personal development outcomes as a result?** | **Time** |

**GMC Trainer Domains**

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning

**Critically reflect on how you assess the level of competence in audit. Please base this on an example with a learner in your practice.**

**GMC Trainer Domains**

1. Supporting and monitoring educational process
2. Guiding personal and professional development

**Summarise any feedback from learners and discuss how this will lead to any changes in training at your practice:**

**GMC Trainer Domains**

3. Teaching and facilitating learning

5. Supporting and monitoring educational process

**Reflect briefly on how you have calibrated your assessments (COT, CBD, towards WPBA and your use of e-portfolio**

**GMC Trainer Domains**

1. Supporting and monitoring educational process
2. Guiding personal and professional development

**Using examples of any minor or significant events *related to teaching* that have occurred with your learners, reflect on how you managed this as a trainer and a practice:**

PERSONAL DEVELOPMENT PLAN (Please Complete before submission)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives** | **Priority** | **Action**  **Required** | **Comments / Evidence** | **Date Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**GMC Trainer Domains**

1. Guiding personal and professional development
2. Continuing professional development as an educator